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**\*BIBDATASHEET\***

CONFIRMATION NO. 2801

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/771,551	<b>FILING OR 371(c) DATE</b> 02/05/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 000166.0109-US02
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**APPLICANTS**

David Edwards, Boston, MA;  
 Colleen Conlon, Somerville, MA;  
 David L. Foshee, Apex, NC;  
 Jason R. Durkin, Apex, NC;  
 Tim Coker, Merrimack, NH;  
 Kevin Stapleton, Boston, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/268,059 10/10/2002 PAT 6,732,732  
 which is a CIP of 09/835,302 04/16/2001 PAT 6,766,799

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/04/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 66	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

26853

**TITLE**

INHALATION DEVICE AND METHOD

<b>FILING FEE RECEIVED</b> 2156	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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